

LABOR STANDARDS INTERVIEW	FORM APPROVED OMB NUMBER 9000-0089
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Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the FAR Secretariat (VRS), Office of Federal Acquisition Policy, GSA, Washington, DC 20405; and to the Office of Management and Budget, Paperwork Reduction Project (9000-0089), Washington, DC 20503.

CONTRACT NUMBER	EMPLOYEE'S NAME (Last, First, M.I.)	
NAME OF PRIME CONTRACTOR	EMPLOYEE'S ADDRESS (Street, City, State, ZIP Code)	
NAME OF EMPLOYER	WORK CLASSIFICATION	WAGE RATE
	SUPERVISOR'S NAME (Last, First, M.I.)	

	(Check Below)	
	YES	NO
DO YOU WORK OVER 8 HOURS PER DAY?		
DO YOU WORK OVER 40 HOURS PER WEEK?		
ARE YOU PAID AT LEAST TIME AND A HALF FOR OVERTIME HOURS?		
ARE YOU RECEIVING ANY CASH PAYMENTS FOR FRINGE BENEFITS REQUIRED BY THE POSTED WAGE DETERMINATION DECISION?		
WHAT DEDUCTIONS OTHER THAN TAXES AND SOCIAL SECURITY ARE MADE FROM YOUR PAY?		

HOW MANY HOURS DID YOU WORK ON YOUR LAST WORK DAY BEFORE THIS INTERVIEW?	
HOURS	WHAT DATE (YYYYMMDD) WAS THAT?
WHAT TOOLS DO YOU USE?	

WHEN DID YOU BEGIN WORK ON THIS PROJECT (YYYYMMDD)?

I HAVE READ THE ABOVE AND CERTIFY IT TO BE CORRECT TO THE BEST OF MY KNOWLEDGE.	
EMPLOYEE'S SIGNATURE	DATE (YYYYMMDD)
INTERVIEWER'S SIGNATURE	DATE (YYYYMMDD)

INTERVIEWER'S COMMENTS
WORK EMPLOYEE WAS DOING WHEN INTERVIEWED

IS EMPLOYEE PROPERLY CLASSIFIED AND PAID? (If additional space is needed, use comments section)	
<input type="checkbox"/> YES	<input type="checkbox"/> NO
ARE WAGE RATES AND POSTERS DISPLAYED?	
<input type="checkbox"/> YES	<input type="checkbox"/> NO

FOR USE BY PAYROLL CHECKER	
IS ABOVE INFORMATION IN AGREEMENT WITH PAYROLL DATA?	
<input type="checkbox"/> YES	<input type="checkbox"/> NO
COMMENTS	

DATE OF CHECK (YYYYMMDD)	NAME OF CHECKER (Last, First, M.I.)	JOB TITLE	SIGNATURE
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